

BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT

RESOLUTION # 23-07

RE: ADOPTING THE 2024 HEALTH DISTRICT FEE SCHEDULE

WHEREAS, the Spokane Regional Health District Board of Health has determined that revenues from fees are necessary to provide funding for public health services in Spokane County; and

WHEREAS, in accordance with Resolution #11-02 Health District Fee Policy, fees are to be determined periodically; and

WHEREAS RCW 70.05.060 provides that the Board shall, "Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the State Board of Health: Provided, that such fees for services shall not exceed the actual cost of providing any such services."

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Health does hereby adopt the attached Spokane Regional Health District 2024 Fee Schedule.


Signed this 26th day of October 2023 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH



CHAIR, MAYOR KEVIN FREEMAN


MARY KUNEV, COMMISSIONER


CHARLIE DURANONA


ALYCIA POLICANI, ND


VICE CHAIR, COMMISSIONER JOSH KERNS


AMBER WALDREF, COMMISSIONER


[Christopher M. Patterson \(Nov 7, 2023 12:23 PST\)](#)

CHRISTOPHER PATTERSON

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	%	
			Increase/New	
GENERAL AND ADMINISTRATIVE SERVICES				
<u>PUBLIC RECORDS (RCW 42.56.120)</u>				
Public Records photocopies - <i>per page</i>	\$ 0.15	\$ 0.15	0%	
Public Records scanned into electronic format - <i>per page</i>	\$ 0.10	\$ 0.10	0%	
Public Records electronic files or attachment to email, electronic delivery - <i>per four files ; in addition to next line item</i>	\$ 0.05	\$ 0.05	0%	
Public Records transmission in an electronic format - <i>per gigabyte</i>	\$ 0.10	\$ 0.10	0%	
<u>HEALTHCARE PREPAREDNESS PROGRAM</u>				
1/2 - Day Workshop Training	\$ 400.00	\$ 400.00	0%	
1 - Day Workshop	\$ 750.00	\$ 750.00	0%	
3.25% Credit Card Service Fee	\$ -	\$ -	100%	service fee to cover credit card service charges
VITAL RECORDS				
<u>FEES SET BY STATE LEGISLATURE: (RCW 70.58.107)</u>				
Birth: Each Certified Record (zero charge for Stillborn Birth Certificates)	\$ 25.00	\$ 25.00	0%	
Death: Each Certified Record (including Fetal Death Certificates)	\$ 25.00	\$ 25.00	0%	
Short Form Death Certificate	\$ 25.00	\$ 25.00	0%	
Noncertified Informational Copies of Birth/Death Records	\$ 25.00	\$ 25.00	0%	
<u>FEES SET BY LHJ</u>				
VitalChek Certified Copies of Birth & Death Certificates (Telephone & Online Orders)	\$ 43.00	\$ 43.00	0%	
Counter Processed Copies of Birth & Death Certificates (VitalChek Lobby Kiosks)	\$ 40.00	\$ 40.00	0%	
Death Record Change: Re-issue fee	\$ 5.00	\$ 5.00	0%	
Birth & Death Certificate (Mail In Orders) Processing Fee (Record Fee + \$10 Processing Fee)	\$ 35.00	\$ 35.00	0%	
Birth Certificate Affidavit Preparation Fee (no charge if done within 1 year of birth)	\$ 10.00	\$ 10.00	0%	
Completion of Manual Burial Transit Permit for County outside of Spokane County	\$ 10.00	\$ 10.00	0%	
Completion of Manual Burial Transit Permit after record removed from EDRS	\$ 10.00	\$ 10.00	0%	
Issuing and Certifying a Communicable Disease Letter	\$ 10.00	\$ 10.00	0%	
Issuing a Disinterment Permit/Letter	\$ 10.00	\$ 10.00	0%	
Filing a Death Certificate after Hours/Emergencies through EDRS	\$ 50.00	\$ 50.00	0%	
Shipping Fee	\$ 2.00	\$ 2.00	0%	
DISEASE PREVENTION AND RESPONSE				
Standard Hourly Rate (Consulting & Technical Assistance)	\$ 130.00	\$ 130.00	0%	

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New	
Digital Hosting Fee (annual)	\$ 2,500.00	\$ 2,500.00	0%	
<u>IMMUNIZATION OUTREACH PROGRAM</u>				
Annual one-day education for healthcare providers and public health partners per attendee	\$ 75.00	\$ 75.00	0%	VaxExpo registration, for example
<u>TUBERCULOSIS</u>				
Office Visit - Skin Test or QuantiFERON Test	\$ 40.00	\$ 40.00	0%	
PPD Skin Test	\$ 10.00	\$ 10.00	0%	
DOT Videophone Visit, established patient	\$ 58.00	\$ 58.00	0%	
TB OV, Monthly Medication Evaluation	\$ 58.00	\$ 58.00	0%	
DOT Initial Home Visit, new patient	\$ 88.00	\$ 88.00	0%	
DOT Home Visit, established patient	\$ 68.00	\$ 68.00	0%	
COMMUNITY HEALTH				
<u>SUPPORT SERVICES</u>				
Witness Testimony Fee (per hour) PHN	\$ 89.00	\$ 89.00	0%	
Court Appearance (per hour) HPS/ECDS	\$ 89.00	\$ 89.00	0%	
<u>SMOKING AND VAPING VIOLATIONS RCW 70.160 (Resolution #16-01)</u>				
First Inspection No Violation	No Fee	No Fee	0%	
First Inspection w/Violation	\$ 180.00	\$ 180.00	0%	
First Reinspection No Violation	No Fee	No Fee	0%	
First Reinspection w/Violation	\$ 270.00	\$ 270.00	0%	
Second Reinspection No Violation	No Fee	No Fee	0%	
Second Reinspection w/Violation	\$ 625.00	\$ 625.00	0%	
Late Fee on Balances over 90 days due	\$ 50.00	\$ 50.00	0%	
Civil Fine for Re-Offenders	\$ 180.00	\$ 180.00	0%	
Variance Application	\$ 100.00	\$ 100.00	0%	
<u>HIV/AIDS/Case Management</u>				
Title XIX Case Management Part Month Assessment	\$ 86.86	\$ 86.86	0%	
Title XIX Case Management Full Month Assessment	\$ 173.72	\$ 173.72	0%	
Title XIX Case Management Comprehensive Assessment	\$ 139.12	\$ 139.12	0%	
<u>COMMUNITY HEALTH TRAINING & CONSULTING</u>				
1/2 - Day Workshop	\$ 650.00	\$ 650.00	0%	
1 - Day Workshop	\$ 1,300.00	\$ 1,300.00	0%	
Standard Hourly Rate	\$ 160.00	\$ 160.00	0%	

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New	
TREATMENT SERVICES				
<u>GENERAL</u>				
Witness Testimony Fee (per hour) Health Program Specialist	\$ 89.00	\$ 89.00	0%	
Witness Testimony Fee (per hour) PHN	\$ 89.00	\$ 89.00	0%	
Witness Testimony Fee (per hour) ARNP	\$ 118.00	\$ 118.00	0%	
Witness Testimony Fee (per hour) MD	\$ 177.00	\$ 177.00	0%	
<u>OPIOID TREATMENT</u>				
Courtesy Dose Daily Rate	\$ 15.81	\$ 15.81	0%	
H0001 - New Patient Assessment (SelfPay/Pvt./POne/HCA/AI/AN/Kaiser/TWest)	\$ 132.45	\$ 132.45	0%	
H0001 - New Patient Assessment (CHPW/Molina Medicaid/AMG)	\$ 141.72	\$ 141.72	0%	
H0001 - New Patient Assessment (Molina MarketPlace)	\$ 145.69	\$ 145.69	0%	
H0001 - New Patient Assessment (CCW)	\$ 294.56	\$ 294.56	0%	
H0001 - New Patient Assessment (UHC Medicaid)	\$ 194.82	\$ 194.82	0%	
H0001 - New Patient Assessment (County Contract)	\$ 141.80	\$ 141.80	0%	
H0020 - Daily Rate (SCRBHO County Contract)	\$ 21.51	\$ 21.51	0%	
H0020 - Daily Rate (Spokane County Detention Services)	\$ 16.00	\$ 16.00	0%	
H0020 - Daily Rate (SelfPay/Pvt./Pone/HCA/AI/AN/Kaiser) T19 Published Fee Schedule	\$ 15.81	\$ 15.81	0%	
H0020 - Daily Rate (CHPW)	\$ 21.70	\$ 21.74	0%	
H0020 - Daily Rate (CCW/AMG)	\$ 21.70	\$ 21.70	0%	
H0020 -Daily Rate (Molina Marketplace)	\$ 17.39	\$ 17.39	0%	
H0020 - Daily Rate (Molina Medicaid)	\$ 24.42	\$ 24.42	0%	
H0020 - Daily Rate (UHC Medicaid)	\$ 26.84	\$ 26.84	0%	
H0020 - Daily Rate (TriWest)	\$ 24.26	\$ 19.81	-18%	We receive 75% of billed charges
G2076 - Medicare Intake Activities (UHC)	\$ 184.86	\$ 188.58	2%	Medicare Increase
G2076 - Medicare Intake Activities	\$ 188.58	\$ 193.81	3%	Medicare Increase
G2067 - Medicare Weekly Bundle	\$ 214.78	\$ 249.80	16%	Medicare Increase
G2067 - Medicare Weekly Bundle (UHC)	\$ 217.86	\$ 217.86	0%	
G2067 - Commercial Weekly Bundle (UHC)	\$ 301.47	\$ 301.47	0%	
G2078 - Medicare Seven Day Take Home Supply	\$ 37.38	\$ 39.29	5%	Medicare Increase
G2078 - Medicare Seven Day Take Home Supply (UHC)	\$ 37.04	\$ 37.04	0%	
J0234 - Bupenorphine Daily Rate + Cost of Medication	\$ 15.81	\$ 15.81	0%	
<u>OUTPATIENT MENTAL HEALTH</u>				
90785 - Interactive Complexity	\$ 7.98	\$ -	-100%	

Per Program Manager: mental health fees for 2024 will be what we charge for the service versus what the average insurance reimburses which is different than what was done in the two previous budget years.

**Spokane Regional Health District
2024 Fee Schedule**

	2023	2024	%	
	Approved	Approved	Increase/New	
90791 - Psychiatric Diagnostic Evaluation (Per Encounter)	\$ 291.77	\$ 312.20	7%	
90792 (ARNP) - Psychiatric Diagnostic Evaluation w/Med Services (ARNP Level)	-\$	\$ 352.60	100%	New Fee
90792 (MD) - Psychiatric Diagnostic Evaluation w/Med Services (MD Level)	-\$	\$ 541.40	100%	New Fee
90832 - Psych Tx 30 (16-37 mins)	\$ 102.00	\$ 109.20	7%	
90833 - Psych Tx 30 (16-37 mins) w/Eval and Management	\$ 102.00	\$ 109.20	7%	
90834 - Psych Tx 45 (38-52 mins)	\$ 153.00	\$ 163.80	7%	
90836 - Psych Tx 45 (38-52 mins) w/Eval and Management	\$ 153.00	\$ 163.80	7%	
90837 - Psych Tx 60 (53+ mins) w/Client and/or Family	\$ 204.00	\$ 218.30	7%	
90838 - Psych Tx 60 w/Client and/or Family w/Eval and Management	\$ 204.00	\$ 218.30	7%	
90846 - Family Psych Tx w/oClient, 15 mins	\$ 161.20	\$ 43.20	-73%	
90847 - Family Psych Tx w/Client, 15 mins	\$ 161.20	\$ 43.20	-73%	
90849 - Multiple Family Group Therapy, 15 mins	\$ 16.30	\$ 17.50	7%	
90853 - Group Psychotherapy (other than a multiple-family group), 15 mins	\$ 16.30	\$ 17.50	7%	
96110 - Developmental Screening	\$ -	\$ 18.20	100%	New Fee
96116 - Neuro BH Status Exam, First Hour	\$ -	\$ 91.10	100%	New Fee
96121 - Neuro BH Status Exam, Additional Hour	\$ -	\$ 91.10	100%	New Fee
96130 - Psychological Testing, First Hour	\$ -	\$ 131.10	100%	New Fee
96131 - Add on Code to 96130, Additional Hour	\$ -	\$ 131.30	100%	New Fee
96132 - Neuropsychological Testing, First Hour	\$ -	\$ 131.30	100%	New Fee
96133 - Add on Code to 96132, Additional Hour	\$ -	\$ 131.30	100%	New Fee
96136 - Psychological or Neuropsychological Testing, First 30 mins	\$ -	\$ 65.50	100%	New Fee
96137 - Add on Code to 96136, Additional 30 mins	\$ -	\$ 65.50	100%	New Fee
96138 - Psychological or Neuropsychological Test by a Tech, First 30 mins	\$ -	\$ 29.50	100%	New Fee
96139 - Add on Code to 96138, Additional 30 mins	\$ -	\$ 29.50	100%	New Fee
96372 - Theurapeutic, Prophylactic or Diagnostic Injection	\$ -	\$ 54.60	100%	New Fee
+99050 Mod CR - Svc provided outside of scheduled office hours	\$ -	\$ 11.00	100%	New Fee
+99051 Mod CR - Svc provided during scheduled evening, weekend, or holiday office hours	\$ -	\$ 5.50	100%	New Fee
99202 - Office/Outpatient Visit - typically 20 mins	\$ -	\$ 78.60	100%	New Fee
99203 - Office/Outpatient Visit - typically 30 mins	\$ -	\$ 117.90	100%	New Fee
99204 - Office/Outpatient Visit - typically 45 mins	\$ -	\$ 176.90	100%	New Fee
99205 - Office/Outpatient Visit - typically 60 mins	\$ -	\$ 229.20	100%	New Fee
99211 (ARNP) Office/Outpatient Visit for Estab. Client - Typically 5 Min (ARNP Level)	-\$	\$ 27.30	100%	New Fee
99211 (MD) Office/Outpatient Visit for Estab. Client - Typically 5 Min (MD Level)	-\$	\$ 43.70	100%	New Fee
99212 (ARNP) Office/Outpatient Visit for Estab. Client - Typically 10 Min (ARNP Level)	-\$	\$ 54.60	100%	New Fee
99212 (MD) Office/Outpatient Visit for Estab. Client - Typically 10 Min (MD Level)	-\$	\$ 87.40	100%	New Fee
99213 (ARNP) Office/Outpatient Visit for Estab. Client - Typically 15 Min (ARNP Level)	-\$	\$ 81.90	100%	New Fee
99213 (MD) Office/Outpatient Visit for Estab. Client - Typically 15 Min (MD Level)	-\$	\$ 131.00	100%	New Fee
99214 (ARNP) Office/Outpatient Visit for Estab. Client - Typically 25 Min (ARNP Level)	-\$	\$ 136.50	100%	New Fee
99214 (MD) Office/Outpatient Visit for Estab. Client - Typically 25 Min (MD Level)	-\$	\$ 234.70	100%	New Fee
99215 (ARNP) Office/Outpatient Visit for Estab. Client - Typically 40 Min (ARNP Level)	-\$	\$ 218.30	100%	New Fee

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New	
99215 (MD) Office/Outpatient Visit for Estab. Client - Typically 40 Min (MD Level)	\$	\$ 365.70	100%	New Fee
99354 Psychotherapy - add on code cannot be billed alone (First 60 Mins)	\$ 112.20	\$	-100%	Removed
99355 Psychotherapy - add on code cannot be billed alone (Next 30 Mins)	\$ 56.10	\$	-100%	Removed
98966 Phone Call - non MD (Per 10 Mins) - CHPW only	\$ 19.50	\$	-100%	Removed
98967 Phone Call - non MD (Per 20 Mins) - CHPW only	\$ 42.30	\$	-100%	Removed
98968 Phone Call - non MD (Per 30 Mins) - CHPW only	\$ 63.50	\$	-100%	Removed
<u>SERI CODE OUTPATIENT MENTAL HEALTH</u>				
H0004 - Behavioral Health Counseling and Therapy	\$ 31.90	\$ 34.20	7%	
H0023 - Rehab Case Management	\$ 80.51	\$ 15.60	-81%	
H0023 MOD U9 - Rehab Case Management Intake Services	\$ 80.51	\$ 214.00	166%	
H0025 - Behavioral Health Prevention Education	\$ 16.30	\$ 17.50	7%	
H0031 - Mental Health Assessment by Non-MD, reported per 15 mins, paid for total completed assessment	\$ -	\$ 272.90	100%	New Fee
H0031 MOD 52 - Update Mental Health Assessment by Non-MD	\$ -	\$ 68.30	100%	New Fee
H0032 - Mental Health Service Plan Development	\$ -	\$ 34.20	100%	New Fee
H0033 - Oral Medication Administration, Direct Observe, 15 mins	\$ -	\$ 4.20	100%	New Fee
H0034 - Medical Training and Support	\$ -	\$ 32.80	100%	New Fee
H0036 - Community Support Treatment Face-to-Face (Per 15 Mins)	\$ 32.65	\$ 35.00	7%	
H0038 - Self-Help Peer Service	\$ -	\$ 16.40	100%	New Fee
H0046 - Mental Health Service - NOS (does not include Modifier UB)	\$ 11.20	\$ 12.00	7%	
H0046 MOD UB - Request for Service	\$ 11.20	\$ -	-100%	
H2014 - Skills Training and Development	\$ 16.30	\$ 17.50	7%	
H2015 - Comprehensive Community Support Services	\$ 51.00	\$ 54.60	7%	
H2017 - Psychosocial Rehabilitation Services	\$ 16.30	\$ 17.50	7%	
H2027 - Psycho Educational Services	\$ 16.30	\$ 17.50	7%	
T1023 - Special Population Evaluation/Screening (Per Encounter)	\$ 99.00	\$	-100%	Removed
S9446 - Patient Education - Group (Per 15 Mins)	\$ 8.15	\$	-100%	Removed

ENVIRONMENTAL PUBLIC HEALTH

GENERAL

Standard Hourly Rate (per hour)	\$ 160.00	\$ 160.00	0%
Construction begun without approval (charged in addition to standard hourly rate construction includes site/plan review and preoccupancy inspection)	50% of Plan Review Charges	50% of Plan Review Charges	0%
Enforcement Activity (Standard Hourly <u>PLUS</u> Legal Fees)	\$ 160.00	\$ 160.00	0%
Enforcement Conference	\$ 200.00	\$ 200.00	0%

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New
<u>ENVIRONMENTAL IMPACT STATEMENTS - SRHD LEADS</u>			
Initial 90 minute fee to begin EIS work (Standard Hourly for all additional)	\$ 240.00	\$ 240.00	0%
Communication costs related to notification are charged at market	Varies	Varies	0%
Review of SEPA Documents (by hour)	\$ 160.00	\$ 160.00	0%
Word Processing and Computer Services per hour	\$ 160.00	\$ 160.00	0%
Illegal Drug Lab Evaluation, Posting, and Cleanup Plan Review per hour	\$ 160.00	\$ 160.00	0%
Review of Projects Not Otherwise Specified Herein (Standard Hourly Rate)	\$ 160.00	\$ 160.00	0%
Reinstatement of Suspended Permit (Unless Otherwise noted)	\$ 360.00	\$ 360.00	0%
Late Collection Fee	\$ 110.00	\$ 110.00	0%
Administrative Fee (Cancelled Apps, Returned Checks, Mailings, Permit Transfers, Etc.)	\$ 60.00	\$ 60.00	0%
Rabies Specimen Handling (Standard Hourly PLUS Veterinary and Shipping Fee)	\$ 160.00	\$ 160.00	0%
Request for Waiver or Variance from Regulations (Except Solid Waste) Standard Hourly Rate with a	\$ 240.00	\$ 240.00	0%
Epidemiology - Associated with a specific permitted facility (Standard Hourly Rate)	\$ 160.00	\$ 160.00	0%
<u>Routine Reinspection of Establishment</u>			
First Reinspection	\$ 190.00	\$ 190.00	0%
Second Reinspection without Follow-up Inspection	\$ 330.00	\$ 330.00	0%
Second Reinspection with Follow-up Inspection	\$ 490.00	\$ 490.00	0%
<u>Review of Plans and Preoccupancy</u>			
Site/Plan Review Hourly Rate (1.5 Hour Minimum Paid in Advance)	\$ 160.00	\$ 160.00	0%
Requested Expedited Plan Review (per hour)	\$ 240.00	\$ 240.00	0%
Preoccupancy Inspection Hourly Rate	\$ 160.00	\$ 160.00	0%
Preconstruction Review Hourly Rate	\$ 160.00	\$ 160.00	0%
<u>WATER</u>			
Water Sampler Instruction and Certification (per person)	\$ 30.00	\$ 30.00	0%
Water Adequacy Review	\$ 160.00	\$ 160.00	0%
<u>WATER RECREATION FACILITIES</u>			
Permit to Operate Swimming Pool/Spa/Wading Pool/Recirculating Spray Pool *			
<i>When facilities have both an annual and seasonal pool, the annual pool will be permitted first and the seasonal pool will be permitted as an additional. Special use pools will be evaluated individually and placed in the appropriate fee category.</i>			
<i>Annual</i>	\$ 1,280.00	\$ 1,280.00	0%
<i>Seasonal</i>	\$ 770.00	\$ 770.00	0%
Permit to Operate Flow Through (Non-recirculating) Wading/Spray Pool			
<i>Annual</i>	\$ 670.00	\$ 670.00	0%
<i>Seasonal</i>	\$ 350.00	\$ 350.00	0%
Each Additional Feature or Pool at Same Premises*			
<i>Annual</i>	\$ 570.00	\$ 570.00	0%

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New
<i>Seasonal</i>	\$ 220.00	\$ 220.00	0%
<i>* Certified Pool Operator (at SRHD's determination, a water recreation facility employing a CPO/AFO but with a history of non-compliance may be charged the full permit fee); flow through pools (e.g., non-recirculating splash pads) are not eligible for CPO discount. The CPO discount is calculated as a reduction of 20% of the total fee rounded up to the nearest \$10.</i>			
Operating without a valid permit	\$ 225.00	\$ 225.00	0%

SOLID WASTE

Tipping Fee for the Regulation of Disposal of Solid Waste (per ton or equivalent)	\$.32/ton	\$.32/ton	0%
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Request for Regulation Variance

Without a Public Hearing	\$ 360.00	\$ 360.00	0%
With a Public Hearing	\$ 1,200.00	\$ 1,200.00	0%
Recycling and Material Recovery Facility	\$ 1,300.00	\$ 1,300.00	0%
Composting Facility	\$ 1,300.00	\$ 1,300.00	0%
Land Application	\$ 1,300.00	\$ 1,300.00	0%
Energy Recovery and Incineration Facility	\$ 2,300.00	\$ 2,300.00	0%
Anaerobic Digester	\$ 1,300.00	\$ 1,300.00	0%
Transfer Stations and Drop Box Facilities	\$ 1,300.00	\$ 1,300.00	0%
Piles Used for Storage and Treatment	\$ 1,300.00	\$ 1,300.00	0%
Surface Impoundments and Tanks	\$ 1,300.00	\$ 1,300.00	0%
Waste Tire Storage Facility	\$ 1,300.00	\$ 1,300.00	0%
Moderate Risk Waste Handling Facility	\$ 1,300.00	\$ 1,300.00	0%
Limited Purpose Landfill	\$ 2,300.00	\$ 2,300.00	0%
Inert Waste Landfill	\$ 1,300.00	\$ 1,300.00	0%
Municipal Solid Waste Landfill	\$ 2,300.00	\$ 2,300.00	0%
Landfill in Closure or Post-Closure Status	\$ 600.00	\$ 600.00	0%
General Solid Waste Permit (uncategorized)	\$ 1,300.00	\$ 1,300.00	0%

LIQUID WASTE

On-site Sewage Disposal System - Application

Residential System (includes one plan resubmittal)	\$ 770.00	\$ 770.00	0%
Commercial System (includes one plan resubmittal)	\$ 1,060.00	\$ 1,060.00	0%
Limited Facilities (includes one plan resubmittal)	\$ 320.00	\$ 320.00	0%
Building Sewer (includes one plan resubmittal)	\$ 320.00	\$ 320.00	0%

On-site Sewage Disposal System - Permit

Residential System	\$ 870.00	\$ 870.00	0%
Commercial System	\$ 920.00	\$ 920.00	0%
Limited Facilities	\$ 320.00	\$ 320.00	0%
Building Sewer	\$ 320.00	\$ 320.00	0%
Septic Tank Abandonment Inspection (Standard Hourly Rate in Excess of 1.5 Hours)	\$ 240.00	\$ 240.00	0%

**Spokane Regional Health District
2024 Fee Schedule**

	2023 Approved	2024 Approved	% Increase/New
Sewage System Pumper Permit	\$ 300.00	\$ 300.00	0%
On-Site Sewage System Installer's Permit			
Initial Permit for New Installer or Expired Permit	\$ 400.00	\$ 400.00	0%
Annual Renewal of Current Permit	\$ 270.00	\$ 270.00	0%
Copies of On-site Sewage As-built Drawings--each copy after first 5 (First 5 at no charge)	\$ 3.00	\$ 3.00	0%
Plan Resubmittal or Revision	\$ 320.00	\$ 320.00	0%
Installation of OSS Without Approval/Inspection (Standard Hourly Rate in Excess of 2 Hours)	\$ 320.00	\$ 320.00	0%
Processing Surcharge (Charged to applicants who fail to respond to requests for information by required deadline).	\$ 160.00	\$ 160.00	0%
Hourly Test Hole Inspection, etc. (Standard Hourly Rate)	\$ 160.00	\$ 160.00	0%
Deed Notification	Current Spokane County Fee + \$60.00 Administrative Fee		
Additional Site Visit/Reinspection (Standard Hourly Rate in Excess of 2 Hours)	\$ 320.000	\$ 320.000	
<u>FOOD</u>			
Basic Food Establishment	\$ 290.00	\$ 290.00	0%
Caterer			
With Approved Catering Kitchen	\$ 570.00	\$ 570.00	0%
With Supplemental Kitchen	\$ 260.00	\$ 260.00	0%
Concession Stand	\$ 240.00	\$ 240.00	0%
Meat and Fish Shop	\$ 250.00	\$ 250.00	0%
Mobile Food Service Unit			
With Approved Kitchen	\$ 630.00	\$ 630.00	0%
With Supplemental Kitchen	\$ 340.00	\$ 340.00	0%
Each Additional Mobile Food Service Unit Under Common Commissary	\$ 120.00	\$ 120.00	0%
Complex Restaurant	\$ 800.00	\$ 800.00	0%
Limited Food Establishment (includes Seasonal Complex Food Establishments)	\$ 350.00	\$ 350.00	0%
School Cafeteria	\$ 300.00	\$ 300.00	0%
Temporary Food Service Establishment (TFE) (21 Days or Less)			
TFE Level 1 - 1 Day	\$ 100.00	\$ 100.00	0%
TFE Level 1 - 2 to 4 Days	\$ 120.00	\$ 120.00	0%
TFE Level 1 - 5 to 21 Days	\$ 140.00	\$ 140.00	0%
TFE Level 1 - Annual/Recurring	\$ 160.00	\$ 160.00	0%
TFE Level 2 - 1 Day	\$ 250.00	\$ 250.00	0%
TFE Level 2 - 2 to 4 Days	\$ 300.00	\$ 300.00	0%

**Spokane Regional Health District
2024 Fee Schedule**

	2023	2024	%
	Approved	Approved	Increase/New
TFE Level 2 - 5 to 21 Days	\$ 350.00	\$ 350.00	0%
TFE Level 2 - Annual/Recurring	\$ 400.00	\$ 400.00	0%
TFE Level 2 - Repeat/Additional	\$ 300.00	\$ 300.00	0%
TFE Level 3 - 1 Day	\$ 300.00	\$ 300.00	0%
TFE Level 3 - 2 to 4 Days	\$ 360.00	\$ 360.00	0%
TFE Level 3 - 5 to 21 Days	\$ 420.00	\$ 420.00	0%
TFE Level 3 - Recurring	\$ 480.00	\$ 480.00	0%
TFE Level 3 - Repeat/Additional	\$ 300.00	\$ 300.00	0%
Donated Food Distributing Organization	\$ 60.00	\$ 60.00	0%
Exempt From Permit Application Processing	\$ 25.00	\$ 25.00	0%
Operating After Permit has Expired/Unapproved Owner Change	\$ 175.00	\$ 175.00	0%
Operating without a valid permit	\$ 300.00	\$ 300.00	0%
Food Worker Card	\$ 10.00	\$ 10.00	0%
<u>LAND DEVELOPMENT</u>			
Short Plat Review and Response	\$ 1,200.00	\$ 1,200.00	0%
Long Plat, Binding Site Plan :			
Review and Response	\$ 1,600.00	\$ 1,600.00	0%
If Test Hole Analysis is Necessary When Public Sewer is not Available:			
	First Lot \$ 160.00	\$ 160.00	0%
	Each Additional Lot \$ 80.00	\$ 80.00	0%
Zone Change Review and Response/Comprehensive Plan Amendment	\$ 760.00	\$ 760.00	0%
Variance, Conditional Use Permit, Special Permit Review & Response	\$ 500.00	\$ 500.00	0%
Boundary Line Adjustment	\$ 170.00	\$ 170.00	0%
<u>SCHOOL SERVICES</u>			
Base Fee by Enrollment*			
<i>Note: Alternative schools and schools that include elementary & secondary grades will be evaluated by SRHD and placed in appropriate category.</i>			
Elementary 1-99	\$ 600.00	\$ 600.00	0%
Elementary 100+	\$ 850.00	\$ 850.00	0%
Secondary 1 - 1000	\$ 1,250.00	\$ 1,250.00	0%
Secondary 1000+ (Due to complexity, STEM and TECH schools are placed in this fee category.)	\$ 2,350.00	\$ 2,350.00	0%
Inspections conducted by SRHD: Reinspections, Self-Inspections and Initial Routine Inspections following construction are conducted at the standard hourly rate in addition to the annual base	\$ 160.00	\$ 160.00	0%

** Late fees and/or standard hourly fees will be charged for SRHD time spent beyond typical administrative or inspection-related costs (e.g., reminder calls, etc.) and are not included in the annual base fee.*